

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
109914185

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
	1	/					51			
2	/						52			
3	/						53			
4	/						54			
5							55			
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43							93			
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45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	/						TOTAL IND.			
TOTAL DEP.	3						TOTAL DEP.			
TOTAL CLAIMS	24						TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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